

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mc</i>		5/25/00
O.I.P.E. CLASSIFIER	<i>3</i>		6/7/00
FORMALITY REVIEW	<i>CS</i>	804	07/14/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	3/24/01	
2	✓		
3	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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